

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted with Initial Filing

OR

☑ Declaration Submitted after Initial Filing (surcharge (37 ČFR 1.16 (e)) required)

opena to a concount or interment of								
Attorney Docket Number	500							
First Named Inventor	Stanley B. Miller III							
COMPLETE IF KNOWN								
Application Number	09 / 768,016							
Filing Date	January 23, 2001							
Group Art Unit	1615							
Examiner Name								

As a below named inventor, I he	ereby declare that:					
My residence, mailing address, ar	id citizenship are as sta	ted below next to my nar	me.	·		
I believe I am the original, first and names are listed below) of the sul	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
ACID-GAS ABSORBING TABLET AND METHOD OF USE						
	(7	Title of the Invention)				
the specification of which	•					
is attached hereto						
OR STATE OF THE ST	01 /02 /0001	as United S	tates Application I	Number or PCT International		
was filed on (MM/DD/YYYY)	01/23/2001		-	(if applicable).		
Application Number 09/768	,016 and was a	mended on (MM/DD/YY	YY)			
I hereby state that I have reviewe amended by any amendment spe	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Fillng Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Humber(a)		(
			H	H H		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)			Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
		<u> </u>				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below									
Name	Joseph P.	Gaste							
Address	295 Main	Street	, Suite	e 722					
Address									
City	Buffalo					State	New York	ς z	14203-2507 3P
Country	USA			Telephon	(716) e	854-	6284	F	(716)854-7688 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Stanley B., III Family Name or Surname Miller or Surname									
Inventor's Signature	Stanle	3,	nille	(15)					3/15/01 Date
Residence: City	, E	Eden P	rairie		State	MN	Country	USA	Citizenship ^{USA}
Mailing Address 11501 Kensington Drive									
Mailing Address									
City Eden	Prairie		State Mi	nnesota	à	ZIP 5	55347		Country USA
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Louis Family Name or Surname Patrone									
Inventor's Signature	Your	2/	atro						Date 3/21/0]
Residence: City	, F	Hambur	g		State N	Y	Country	USA	Citizenship USA
Mailing Address		7660 E	ndres R	oad					
Mailing Address									
City Hambu			State Ne	w York		ZIP []]	4075		Country USA
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									



PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it contains a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3_ of 3_

		3/43-6-11					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any	y])		Family I	lame or	Sumame		
Patricia A.			Ziarniak				
Inventor's Signature Patricia a. Jeanned				Date 3 - 20 - 200/			
Residence: City Alden	State NY		Country USA		Citizenship USA		
Mailing Address 12203 Anne Drive							
Mailing Address							
City Alden	State NY		ZIP 14004	Count	try USA		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family N	ame or	Surname		
Inventor's Signature					Date		
Residence: City State			Country	Citizenship			
Mailing Address							
Mailing Address	Ī						
City	State		ZIP	Соц	intry		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Family Name or Surname					or Surname		
Inventor's Signature Date							
Residence: City State			Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		7IP	C	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.